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INDICATION FORM**

Application Number	10/662150
Filing Date	09/12/2003
First Named Inventor	Toth
Title	Center Floor Console
Art Unit	3612
Examiner Name	Pedder, Dennis
Attorney Docket Number	04057.008

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

53178

OR
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Signature	/s/Maury Fredricks	Date	06/07/2006
Name	Maury Fredricks	Telephone	(616) 850-4500
Title and Company	President, Fredricks Design Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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